



## Application for Student Tuition Recovery Fund

Dear Student:

The Bureau for Private Postsecondary Education (Bureau) is committed to ensuring students receive appropriate refunds from the Student Tuition Recovery Fund (STRF) account, in accordance with applicable laws and regulations. You have up to four (4) years from the date of a school or program closure, or other qualifying event, to submit your STRF claim. The Bureau encourages you to make a claim as soon as possible after you have suffered economic loss because of a qualifying event, even if you do not have all the supporting documents requested. The Bureau will accept supplemental supporting documents after your application is filed. If you do not know how to obtain the required documents due to your school's closure, please check the Bureau's website at [www.bppe.ca.gov](http://www.bppe.ca.gov) or call the Bureau to find out the school's listed custodian of records and how to attempt to obtain the necessary documents.

In order to help us expedite your claim, please **complete, sign and submit** the STRF Application **with your original signature** and provide us with **copies** of currently available supporting documents, as requested in the application, including as appropriate:

- ✓ **Proof(s) of Enrollment:**
  - Enrollment Agreement(s), Transcript(s), Report Card(s), Loan Agreement(s).
- ✓ **Receipts:** All receipts for tuition payments, student loan payments, and/or awards, such as:
  - Cancelled checks
  - Credit or debit card bank statements
  - Cash receipts
- ✓ **Third-Party Payer Benefits Documents:** such as Cal Grant, Pell Grant, or veterans' financial aid awards
- ✓ **Student Loan Documents:** Provide copy of loan documentation, such as:
  - Most current loan statement showing outstanding balance
  - Loan summary document from lender or servicer, showing disbursements
- ✓ **Loan Discharge Application and Response:** If you have already requested a loan discharge, provide:
  - A copy of the application and the response, if any, from the loan company
- ✓ **Leave of Absence Documentation:** (if you took a leave of absence)
- ✓ **Invoice for Legal Services and Evidence of Cancellation of Loan(s):** (if the legal services resulted in the cancellation of student loan(s))
- ✓ **Final Orders, Awards Or Judgments Against School**

**You can submit your application and documents to the P.O. Box address listed above.** The Bureau makes every effort to pay student STRF claims in a timely manner if the Bureau has received the original STRF Application and necessary supporting documents.

Should you have any questions, or require additional information or assistance, please contact the STRF unit at 888-370-7589 and select option 5 when prompted, or you may send an email to [STRF@dca.ca.gov](mailto:STRF@dca.ca.gov).

Respectfully,

Student Tuition Recovery Fund Unit  
Bureau for Private Postsecondary Education  
Form STRF App Rev. 1/17



Bureau for Private Postsecondary Education  
P.O. Box 980818  
West Sacramento, CA 95798-0818

<b>OFFICE USE ONLY</b>
Date Stamp _____
SAIL application # _____
School Code _____
School/Program Closure date _____

### Application for Student Tuition Recovery Fund

(California Education Code § 94923; 5 California Code of Regulations §§ 76000, 76020, 76200, 76210.)

#### STUDENT – All fields must be completed in this section

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number or Taxpayer Identification Number: \_\_\_\_\_

- Have you previously applied for a STRF reimbursement?  Yes  No
- If YES, state the date of your application and the reason for the prior application: \_\_\_\_\_

#### INSTITUTION (where you were enrolled during the qualifying event(s), as listed on page 4 of the application)

- Provide proof of enrollment (such as enrollment agreement, transcript/report cards, loan agreements)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### DATES OF ATTENDANCE AND RESIDENCY

Date started: \_\_\_\_\_

Date stopped: \_\_\_\_\_

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➤ Did you take a leave of absence during the time of enrollment? (If YES, please attach copies of approved leave.)  Yes  No

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➤ Did you reside in California at the time you signed the enrollment agreement OR receive distance education at a California mailing address from the institution?  Yes  No

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Graduated? No \_\_\_\_\_ Yes \_\_\_\_\_ If YES, date of graduation: \_\_\_\_\_

Whether you graduated or not, what is the total number of units you earned: \_\_\_\_\_

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Reason(s) you stopped attending the institution:

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➤ Did you obtain an award or judgment against the school? (If YES, please attach a copy of the final award or judgment.)  Yes  No

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**SUBSEQUENT INSTITUTION, IF ANY** (where you enrolled after attendance at the institution where the qualifying event occurred)

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➤ Did you transfer to another school? (If YES, provide a copy of enrollment agreement from new school and list any classes or units transferred below.)  Yes  No

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_

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**DATES OF ATTENDANCE** (at subsequent institution)

Date started: \_\_\_\_\_

Date stopped: \_\_\_\_\_

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Graduated? No \_\_\_\_\_ Yes \_\_\_\_\_ If YES, when: \_\_\_\_\_

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List classes or units/credits transferred from Qualifying Institution to Subsequent Institution: (attach additional sheet if necessary).

1. _____	5. _____	9. _____
2. _____	6. _____	10. _____
3. _____	7. _____	11. _____
4. _____	8. _____	12. _____

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## **STUDENT TUITION RECOVERY FUND (Qualifying Events)**

The fund exists to relieve or mitigate economic (i.e., pecuniary) loss suffered by a California resident while enrolled at a qualifying institution if the student enrolled in the institution, prepaid tuition, and suffered economic loss as a result of any of the following reasons per California Education Code Section 94923. Please check all that apply:

### **Closures:**

1.  The institution closed or an educational program offered by the institution was discontinued while you were enrolled, and you did not participate in or complete a teach-out plan.
2.  You were enrolled at the institution within the 120-day period before the institution closed or an education program offered by the institution was discontinued.
3.  You were enrolled in an education program offered by the institution more than 120 days before the institution closed and the Bureau determines there was a significant decline in the quality or value of the program more than 120 days before closure.
4.  You were enrolled at a California campus of a Corinthian Colleges, Inc., institution or you were a California student enrolled in an online program offered by an out-of-state campus of a Corinthian Colleges, Inc., institution, as of June 20, 2014, or withdrew within 120 days of that date.

### **Refunds/Loan Proceeds:**

5.  The institution's failure to provide a refund to you as ordered by the Bureau.
6.  The institution's failure to pay or reimburse to you loan proceeds under a federal student loan program as required by law or to pay or reimburse to you proceeds received by the institution in excess of tuition and other costs.

### **Monetary Award:**

7.  You have reasonably tried, and failed, to collect a monetary award or judgment entered against the institution or representative of the institution based on a violation of the California Private Postsecondary Education Act of 2009. (The Bureau shall review the award or judgment and ensure the amount paid from the STRF does not exceed your economic loss.)

### **Legal Fees:**

8.  You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans. (The Bureau shall review the invoice and evidence and upon verification, reimburse you up to five hundred dollars (\$500.00).)

### **Educational Opportunity Loss:**

9.  Any part of your tuition was paid by a third-party payer (such as an employer, government program, or other entity) and those benefits were lost because of your inability to complete the educational program due to the institution's closure or loss of eligibility to receive the benefits. (The Bureau will pay your charges at a subsequent institution up to the original amount of the third-party payer benefit upon evidence of your enrollment at a subsequent institution that is eligible to receive the same benefit.)

**ECONOMIC LOSS** – This section must be completed. If the category does not apply to you, enter “0”. Please document the amount and provide a description of your economic loss:

**A. Out-of-Pocket Tuition Payments (Non-Loan)**

➤ Did you make any cash **tuition payments** (“cash” includes by check, credit or debit card, money order, cashier’s check, etc.)?  Yes  No

(If YES, complete the below and provide supporting documents, such as receipts from the school of payments you made, the school ledger card showing payments, or school statements showing payments. If you wrote a check or paid with a credit card, provide copies of the bank statement(s) showing the payment(s), or cancelled checks (front and back).

	<b>Amount</b>
Cash payments to school	\$
Checks cashed by school	\$
Credit or debit card payments to school	\$
Other cash payments	\$
<b>Total</b>	<b>[A.1.] \$</b>

**B. Student Loans Used for Tuition**

➤ Did you receive a loan of any type (including federal, private, PLUS, or personal loans) to pay any part of the **tuition**?  Yes  No (If YES, complete the below and provide the most current monthly loan statement, proof of any payments you made, any documents you have showing that you took out the loan(s), and any loan agreement(s).)

➤ Have you applied for a loan discharge?  Yes  No (If YES, provide a copy of your discharge application and any response or related documentation).

➤ Have you sought legal counsel that resulted in the cancellation of one or more of your student loans?  Yes  No (If YES, provide a copy of the invoice for services rendered and evidence of the cancellation of the student loan or loans.)

<b>Name and Address of Lender and Servicer and Type of Loan</b>	<b>Amount Used for Tuition</b>	<b>Amount of Any Payments You Made on Loan(s)</b>	<b>Amount you Currently Owe</b>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Totals</b>	\$	<b>[B.1.] \$</b>	<b>[B.2.] \$</b>

**C. Grants or Third-Party Payments for Tuition**

➤ Did you receive grants of any type (including Cal Grants, Pell Grants, etc.) to pay any part of the **tuition**?  
 Yes     No

➤ Did you receive third-party payments (including G.I. Bill Funds, payments made by employers, workers' compensation, etc.) to pay any part of the **tuition**?  Yes     No  
 (If YES, complete the below and provide any documentation showing you received the grants or amounts paid to the school on your behalf.)

Type of Grant or Third-Party Payment	Amount
	\$
	\$
	\$
	\$
<b>Total</b>	<b>[C.1.] \$</b>

**D. Non-Tuition Economic Loss**

	Description of Item	Amount
	Equipment and other materials (if required for educational program)	
	License or examination fees paid to the school that are unrecoverable	
	Other payments made to school (such as registration fees)	
<b>Total</b>		<b>[D.1.] \$</b>

**TOTAL AMOUNT OF ECONOMIC LOSS CLAIM:**    \$ \_\_\_\_\_

(Add [A.1] + [B.1] + [B.2] + [C.1] + [D.1] from the above tables to obtain the total amount of your claim.)

Claim for legal services reimbursement:    \$ \_\_\_\_\_ (up to \$500.00)

- Have you received any refund, reimbursement or forgiveness from any source for your economic loss?  Yes     No  
 (If YES, please describe, including the amount and the source):

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IF YOU ARE UNABLE TO PROVIDE THE DOUCMENTATION REQUESTED IN THIS APPLICATION, YOU MAY STILL APPLY AND EXPLAIN THE REASON YOU CANNOT PROVIDE THE REQUESTED DOCUMENTATION, AS APPROPRIATE:

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**“I declare under penalty of perjury under the laws of the State of California that the statements made in the application are true and correct and the supporting documents are true and correct copies of originals.”**

Signature

Date

Print Name

### INFORMATION COLLECTION

The information requested in this application will be used to determine eligibility and recovery under the Student Tuition Recovery Fund laws and regulations. The personal information requested is mandatory and is maintained by the Bureau for Private Postsecondary Education in accordance with the Information Practices Act. Each individual has the right to review his or her own records that contain personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the Bureau makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act; to another government agency as required by state or federal law; or in relation to a court or administrative proceeding, order, a subpoena, or search warrant.



Bureau for Private Postsecondary Education  
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P.O. Box 980818, West Sacramento, CA 95798-0818  
P (916) 431-6959 F (916) 263-1896 [www.bppe.ca.gov](http://www.bppe.ca.gov)



**LOAN NEGOTIATION, CERTIFICATION, AND AUTHORIZATION**

1. By signing this form you authorize the Bureau to negotiate with any lender, holder, guarantee agency, or the U.S. Department of Education on the student’s behalf to reduce the loan obligation.
2. By signing this form you authorize the Bureau to issue a payment directly to any lender, holder, guarantee agency, or the U.S. Department of Education on the student’s behalf.
3. An assignment to the Fund and the Bureau of the student’s rights to collect those funds against the institution if any payment issues as a result of the application.

**TO WHOM IT MAY CONCERN, I AUTHORIZE THE RELEASE OF MY LOAN INFORMATION TO A REPRESENTATIVE OF THE BUREAU FOR PRIVATE POSTSECONDARY EDUCATION FOR THE SOLE PURPOSE OF LOAN NEGOTIATION ON MY BEHALF.**

Student’s  
Full Name: \_\_\_\_\_

Student’s  
Social Security Number: \_\_\_\_\_

Student’s  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Borrower if different than student  
Full Name: \_\_\_\_\_

Borrower  
Social Security Number: \_\_\_\_\_

Borrower’s  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_